

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-6698
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE MAR 03 2014	Name or number of rule(s): Title 23: Division of Medicaid, Part 216: Dialysis Services, Chapter 1: Dialysis Services, Rules 1.2, 1.3, 1.5 and 1.6	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

This Ms. Division of Medicaid's Administrative Code filing is to change the payment methodology for freestanding and hospital-based dialysis centers from a composite rate system to a prospective payment system (PPS) effective January 1, 2014 to correspond with SPA 14-003 and to clarify documentation requirements for dialysis centers effective May 1, 2014.

Specific legal authority authorizing the promulgation of rule: 42 CFR § 405.2102; Miss. Code Ann.43-13-121; SPA 14-003

List all rules repealed, amended, or suspended by the proposed rule: Rules 1.2, 1.3, 1.5 and 1.6

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: Time: Place:

☒ Presently, an oral proceeding is not scheduled on this rule.

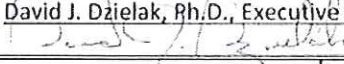
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

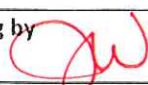
ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☒ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in ____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify):	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): MAY 01 2014	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify):

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	<div style="border: 1px solid black; padding: 10px; text-align: center;"> FILED MAR 03 2014 MISSISSIPPI SECRETARY OF STATE </div> Accepted for filing by  #20377	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



DELBERT HOSEMAN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME Division of Medicaid	CONTACT PERSON Margaret Wilson		TELEPHONE NUMBER 601-359-5241
ADDRESS 500 High Street, Suite 1000	CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	DESCRIPTIVE TITLE OF PROPOSED RULE Dialysis Center Services Reimbursement		
Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Ann.43-13-121		Reference to Rules repealed, amended or suspended by the Proposed Rule: Title 23: Division of Medicaid, Part 216: Dialysis Services, Chapter 1: Dialysis Services, Rules: 1.2, 1.3, 1.5, 1.6.	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
The change in payment methodology from a composite rate system to a bundled PPS rate provides for a single payment for a dialysis treatment. In addition, it is estimated that the change will result in a 67% increase in reimbursement to dialysis centers.
2. Briefly describe the need for the proposed rule:
Effective January 1, 2011, per Section 153(b) of the Medicare Improvements for Patients and Providers Act, CMS began to replace the current composite payment system with the bundled ESRD PPS. The four-year transition period began on December 31, 2013. Full implementation of the bundled ESRD (end-stage renal disease) PPS rate began on January 1, 2014. CMS will no longer publish a composite rate. Therefore, DOM must implement the bundled ESRD PPS effective January 1, 2014.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
Implementing the Medicare bundled PPS rate will ensure that Mississippi dialysis centers are reimbursed at a fair, equitable rate.
4. Estimated Cost of implementing proposed action:
 - a. To the agency
☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
 - b. To other state or local government entities
☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
 - c. Cost:
☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
 - d. Economic Benefit:
☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive

6. Estimated impact on small businesses:

☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

a. Estimate of the number of small businesses subject to the proposed regulation:

b. Projected costs for small businesses to comply:

c. Statement of probable effect on impacted small businesses:

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

☐ substantially less than ☐ moderately less than ☐ minimally less than

☐ the same as ☒ minimally more than ☐ moderately more than

☐ substantially more than ☐ excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

☐ substantially less than ☐ moderately less than ☐ minimally less than

☐ the same as ☐ minimally more than ☒ moderately more than

☐ substantially more than ☐ excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

☐ yes

☒ no

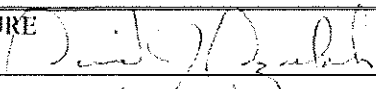
2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

C. Data and Methodology

For the first half of calendar year 2013, total Medicaid reimbursement to freestanding and hospital-based dialysis centers was \$3,822,776. The projected reimbursement based on the 2013 ESRD bundled PPS rate of \$240.36 per treatment would be \$6,395,751, resulting in an increase in payments to providers of \$2,572,975. This represents a 67% increase in reimbursement to providers. The estimated annual increase would be \$5,145,950.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and demand an oral proceeding on the proposed rule if one is not already provided?

SIGNATURE		TITLE	Executive Director
DATE	2/28/14	PROPOSED EFFECTIVE DATE OF RULE	MAY 01 2014